Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

## **LOBBYING REGISTRATION**

Lobbying Dise	closure Act of 1995 (Secti	on 4)									
Check One: V	New Registrant New Client for	Existing Registrant	Amendme	ent							
				1. Ef	1. Effective Date of Registration				10/19/2007		
2. House Identification					Senate Identification						
REGISTRA	ANT Organization	Individual									
3. Registrant	Organization 1199SEIU U	nited Healthcare Wor	kers East	i.							
Address 310 V	West 43rd Street		Address	2							
City New	York		State	NY	Zip	10036	-	Country	USA		
4. Principal plac	ee of business (if different than	n line 3)	•		_			-			
City			State		Zip		-	Country			
5. Contact name	and telephone number		nternational	Number	_						
Contact Ms.	Sara Newman	Telephone (212	2) 627-8100	) ]	E-mail						
6. General descr	ription of registrant's business	or activities			-						
healthcare and la											
7. Client name Address	1199SEIU United Healthcare	e Workers East									
City			State		Zip		-	Country			
8. Principal plac	e of business (if different than	n line 7)									
City			State		Zip		-	Country			
9. General descr	iption of client's business or a	ctivities									
LOBBYIST	TS										
this section has s	h individual who has acted or served as a "covered executive e client, state the executive an	branch official" or "c	covered le	egislative which th	branch ne perso	official" on served.	within two	years of firs			
First	Name Last	Suffix			overed Of		т (п аррисавіе				
Patrick	Gaspard										

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11. General lobby	ying issue are: BR	as. Select	all applica	ble codes	listed in i	nstructi	ons and on the	e reverse	side of Form	LD-1. p	000 1	
HCR L	BR									, <sub>F</sub>	age 1.	
					_							
12. Specific lobb	ying issues (c	urrent and	anticipate	ed)								
AFFILIATI	ED ORGA	NIZA'	TIONS	}								
13. Is there an en a semiannual peri									_			
✓ No>	> Go to line 1	4.	Yes> Complete the rest of this section criteria above, then proceed to line 14.						for each entity	y matchi	ing the	
Name					Address				Principal Plac	e of Busi	ness	
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			11,9		State/11	ovince 2	in code Count	City				
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✓ No>	> Sign and dat	te the regis	stration.				he rest of this hen sign the re		for each entity	y matchi	ing	
Name	:	Street City	Addre	ss Province Co	ountry		al place of busin		Amount of contr for lobbying ac	Ibution	Ownersh	ip
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Signature 🗸 🗖	By: Georg	ge Greshar	n					Date	10/22	/2007		
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Client Name

1199SEIU United Healthcare Workers East

1199SEIU United Healthcare Workers East

Registrant